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TOTAL PROPERTY OF THE PARTY OF	
ARIZONA STATE BOARD OF HEALTH State File No	
BUREAU OF VITAL STATISTICS Registered No. (7)	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	
July State In July	
County	
District or Township	
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
(T) (I) A (I) thild is not yet named, make	
2. Full name of child hylles futh of with ram supplemental report, an directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	6. Legitimate? 7. Date 10 29-1930
in event of plural	of birth
There ale births. 5. No., in order of birth	Month Day Year
8. FATHER	14. O MOTHER
	Full maiden name
Full name The d Wale Mark Lam	mywherh Mry 109101
9. Residence du ami	15. Residence
(Usual place of abode)	(Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or races
10. Color of face	1 7M 2 2 2
11. Age at last birthday (Years)	17. Age at last birthday (Years)
-G1	Pama
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Huzma	(State or country)
(State of Country)	1/\1\0
13, Occupation	19. Occupation
Nature of industry Hello mellance	Nature of industry
20. Number of children of this mother (a) Born alive s	
Lave 111	out now dead
(Taken as of time of birth of child herein certified and including this child.) (b) Born alter to certified and including this child.)	
CERTIFICATE OF ATTENDING PHYSICIAR OR MIDWIFE 30	
I hereby certify that I attended the birth of this child, who was Jon (Born alive of hillipsen.)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor	3h, y) .
shows other evidence of life after birth.	Offician or midwile).
Given name added from a supplemental report. Address.	
Month, day, year	
Filed SUC 19 Registrati	
Kegnetrar	
744-1129-539	